1	OHIO TRAFFIC CRASH REPORT	OH-1 (Rev. 1-82)		5
Γ	OCAL REPORT NO. Lebanon Police	0830300	ODHS USE ONLY - 00 NOT	MARK ABOVE CA
- 1	REPORT AT STATION NO OF VEH PEDESTRIANS	ST SEVERE)  PROPERTY DAMAGE ONLY	LOSS UNDER \$150	SOLVED F
ŀ	IN COUNTY OF WARREN IN COUNTY OF WARREN	11	TE OF CRASH: DAY   01   14   SAT	TIME: MILITARY 1313
ŀ	CRASH OCCURRED ON	WITHIN THE INTER		CITY CODE
	IF NOT IN INTERSECTION N (LIST NEAREST INTERSECTING STREET, MILEPOST, 110004, 100.)			
	LOG-1 LOG-2 LOC JUR FH'9 FIL			
	A UNIT NO OF OCCUPANTS OPERATING PARKED	DRIVERLESS HIT & RUN N	ON CONTACT INSURANCE CO OR AGENT M	otorist Mutual
ł	DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)  ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)  949 Carson Dr., Lebanon, OH 45036			
}		SECURITY NO.	STATE DRIVER'S LICENSE	NO. OCCUPATION
	(513) 933-0937 2 14 42 72 F  OWNER (IF SAME AS DRIVER, WRITE SAME) ADI	DRESS	OH RQ554119	PHONE
S S	Same	TYLE STATE LICENSE	PLATE NO. TOWING SERV	/ICE VEH/PED DIR
SECTION	1 C Ford F-150 Maroon 7	K OH DFY88		FROM W TO S
DRIVER-PEDESTRIAN-VEHICLE	CIRCLE DAMAGE SEVER 9 TOP NON-FUNC	TIONAL   NONE MC	DDERATE DRIVEN AWAY	NO FIRE
	11 LOAD FUNCTION 12 TRAILER DISABLING	<u> </u>	TOWED	NE FIRE DUE TO CRASH OTHER FIRE
	8 UNIT Z NO OF OCCUPANTS C OPERATING PARKED	DRIVERLESS HIT& RUN N	OK AGENT	State Farm
	DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)  ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)			
	PHONE NO.	SECURITY NO.	STATE DRIVER'S LICENSE	NO. OCCUPATION
	OWNER (IF SAME AS DRIVER, WRITE SAME)  ADDRESS  5253 Crested Owl Ct., Morrow, OH 45152  (513) 582-0607			
_	VEH YR MAKE MODEL COLOR S	TYLE STATE LICENSE	PLATE NO. TOWING SER	VICE VEH/PED DIR
	Subaru		VEHICLE DISPOSITION	FROM TO
	CIRCLE DAMAGE AREAS  9 TOP 10 UNDER CAR 11 LOAD  11 LOAD		AVY REMAINED AT SCE	ENE FIRE DUE TO CRASH
	C FROM NAME (LAST, FIRST, MI)	BIRTHDATE AGE	POSITION A B C D E F	OTHER FIRE INJURIES A B C D E F
	NO. ADDRESS	PHONE SEX	A B C D E F	5
POLICE ACTION OCCUPANT SECTION	FROM NAME (LAST, FIRST, MI) D. UNIT	BIRTHDATE AGE		I FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY
	NO. ADDRESS	PHONE SEX	_ ( <del></del> 7	5 NOT INJURED  CONDITION
	E FROM UNIT	BIRTHDATE AGE m D Y PHONE SEX		A B XXX
	ADDRESS FROM NAME (LAST, FIRST, MI)	BIRTHDATE AGE		I APPARENTLY NORMAL 2 SICK 3 FATIGUED
	IF. UNIT NO. ADDRESS	m   D   y PHONE SEX		4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 8 OTHER CONDITION 7 UNKNOWN
	A B C INJURED TAKEN TO By		RESTRAINTS  A B C O E F	ALCOHOL
	D E F A B C INJURED TAKEN TO By		L NOT USED	<b>⊠</b> NO
	D E F 6 SHOULDI		3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED	1 TESTED TESTED 1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED
	A CITY ORD. 8 USE NOT REPORTED 4 HBD ABILITY UNKNOWN			
	ORC. OFFENSE CHARGED AND DESCRIPTION CITY ORD.		A B C D E F	A TESTED 0 TESTED  YES YES
	CALL 1313 1315 1325 1336	HER TIME TOTAL MINUTES  OOFFOFF  SE NO.   CHECKED BY	I NOT EJECTED	1 <b>▼</b> No □ NO
	DATE REPORT FILED PHOTOS OFFICER'S NAME  W ID Y YES T. Cooper 125	SE NO.   GILONED DI	3 TOTAL 4 TRAPPED INSIDE VEHICLE	i NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG
	State PtI-012 2/13/03			